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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3>		<p style="text-align: center;"><b>Complete if Known</b></p> <table border="1"> <tr> <td>Application Number</td> <td>10/599,016</td> </tr> <tr> <td>Filing Date</td> <td>September 18, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Landon C. G. Miller</td> </tr> <tr> <td>Examiner Name</td> <td>B. S. Szmal</td> </tr> <tr> <td>Art Unit</td> <td>3736</td> </tr> <tr> <td>Attorney Docket No.</td> <td>TRB-10302/38</td> </tr> </table>		Application Number	10/599,016	Filing Date	September 18, 2006	First Named Inventor	Landon C. G. Miller	Examiner Name	B. S. Szmal	Art Unit	3736	Attorney Docket No.	TRB-10302/38
Application Number	10/599,016														
Filing Date	September 18, 2006														
First Named Inventor	Landon C. G. Miller														
Examiner Name	B. S. Szmal														
Art Unit	3736														
Attorney Docket No.	TRB-10302/38														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$)	230.00													

<p><b>METHOD OF PAYMENT (check all that apply)</b></p>			
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____			
<input type="checkbox"/> Deposit Account	Deposit Account Number:	07-1180	Deposit Account Name: Gifford, Krass, Spirkl, Anderson & Calkowski, P.C.
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p>			
<input type="checkbox"/> Charge fee(s) indicated below.		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.15 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

<p><b>FEE CALCULATION</b></p>							
<p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
							<p style="text-align: right;"><b>Small Entity</b></p> <p style="text-align: right;">Fee (\$)</p>
							<p style="text-align: right;">Fee (\$)</p>
<p><b>2. EXCESS CLAIM FEES</b></p>							
<p><b>Fee Description</b></p>							
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							210 105
Multiple dependent claims							370 185
<p><b>Total Claims</b>      <b>Extra Claims</b>      <b>Fee (\$)</b>      <b>Fee Paid (\$)</b></p> <p>13      - 20 = _____ x _____ = _____</p>							<p><b>Multiple Dependent Claims</b></p> <p><b>Fee (\$)</b>      <b>Fee Paid (\$)</b></p> <p>_____      _____</p>
<p>HP = highest number of total claims paid for, if greater than 20.</p>							
<p><b>Indep. Claims</b>      <b>Extra Claims</b>      <b>Fee (\$)</b>      <b>Fee Paid (\$)</b></p> <p>2      - 3 = _____ x _____ = _____</p>							
<p>HP = highest number of independent claims paid for, if greater than 3.</p>							
<p><b>3. APPLICATION SIZE FEE</b></p>							
<p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>							
<p><b>Total Sheets</b>      <b>Extra Sheets</b>      <b>Number of each additional 50 or fraction thereof</b>      <b>Fee (\$)</b>      <b>Fee Paid (\$)</b></p> <p>_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____</p>							
<p><b>4. OTHER FEE(S)</b></p>							
<p>Non-English Specification, \$130 fee (no small entity discount)</p>							
<p>Other (e.g., late filing surcharge): 2252 Extension for response within second month      230.00</p>							

<p><b>SUBMITTED BY</b></p>			
Signature	/Avery N. Goldstein, Ph.D./	Registration No. (Attorney/Agent)	39,204
Telephone	(248) 647-6000		
Name (Print/Type)	Avery N. Goldstein, Ph.D.	Date	March 18, 2008